

Revised 03/06 WDNV

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

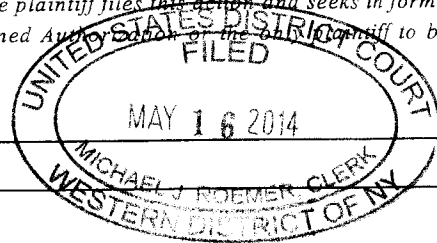
FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)

14CV4260

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

1. CAPTION OF ACTION

A. Full Name And Prisoner Number of Plaintiff: *NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization of the plaintiff to be considered will be the plaintiff who filed an application and Authorization.*



1. _____

2. _____

-VS-

B. Full Name(s) of Defendant(s) *NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.*

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION *NOTE: To list additional plaintiffs, use this format on another sheet of paper.*

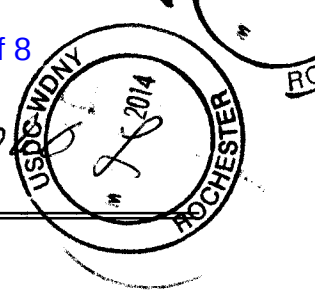
Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

14 CV 62

**3. PARTIES TO THIS ACTION****PLAINTIFF'S INFORMATION NOTE:** To list additional plaintiffs, use this format on another sheet of paper.Name of First Plaintiff: JOSEPH A. HARRIS #11916Present Address: LIVINGSTON COUNTY JAIL 4 COURT STREET
GENESEO, NY 14454Name of Second Plaintiff: NONEPresent Address: ✓**DEFENDANT'S INFORMATION NOTE:** To list additional defendants, use this format on another sheet of paper.Name of First Defendant: LIVINGSTON COUNTYOfficial Position of Defendant (if relevant): MENTAL HEALTH / JAIL / SHERIFF DEPTSAddress of Defendant: 6 COURT STREET GOVERNMENT CENTER
LIVINGSTON COUNTY, GENESEO NY 14454Name of Second Defendant: ✓Official Position of Defendant (if relevant): ✓Address of Defendant: NONEName of Third Defendant: ✓Official Position of Defendant (if relevant): ✓Address of Defendant: NONE**4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT****A.** Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?Yes No ✓

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): NONE



Defendant(s): _____ ✓

2. Court (if federal court, name the district; if state court, name the county): _____ ✓

N/A LIVINGSTON COUNTY

3. Docket or Index Number: _____ ✓

4. Name of Judge to whom case was assigned: _____ ✓

5. The approximate date the action was filed: _____ ✓

6. What was the disposition of the case?

Is it still pending? Yes _____ No _____

If not, give the approximate date it was resolved. _____ ✓

Disposition (check those statements which apply):

_____ Dismissed (check the statement which indicates why it was dismissed):

_____ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

_____ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

_____ By court due to your voluntary withdrawal of claim;

_____ Judgment upon motion or after trial entered for

_____ plaintiff

_____ defendant.

5. STATEMENT OF CLAIM

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, just tell the story of what happened and do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

A. FIRST CLAIM: On (date of the incident) MARCH 21-2013,

defendant (give the **name and (if relevant) the position held** of each defendant involved in this incident) _____

L.C.M.H. ① MARGARET L. MASCI ② PAM TRESKOTT ③ MICHELE ANUZI Kew ④ MARY BETH
L.C.J. ① JEREMY E. SLOCUM ② MICHAEL KEMP ③ ANN SHINSKI ④ RICHARD AGUILTE

did the following to me (briefly state what each defendant named above did): LIVINGSTON COUNEY IS FULLY RESPONSIBLE FOR NEGLIGENCE, DUE TO THEIR MENTAL HEALTH Dept, GIVING ME A DRUG CALLED ATIVAN, A "CONTROLLED SUBSTANCE", ON 3-20-13 THIS HAS CAUSED ME MUCH HARM BOTH FISCALRY + MENTALLY, TO EXPLAIN BRIEFLY, I HAVE 6 MONTHS OF RECORDS + DOCUMENTS FROM L.C.M.H - START - 9-12-12 UNTIL - 3-20-13, THAT I HAVE RECEIVED AFTER MANY FOIL REQUESTS THAT PROVE L.C.M.H PUT ME IN DANGER OF MY LIFE, DUE TO THERE PURE NEGLIGENCE AND DISREGARD FOR MY SAFETY!

Joseph Harris

The federal basis for this claim is: _____

State briefly **exactly** what you want the Court to do for you. Make no legal arguments and cite no cases or statutes:

TO BRING LIVINGSTON COUNEY TO JUSTICE!! AND HAVE THEM PAY FOR WHAT THEY HAVE DONE TO ME!

Joseph Harris

B. SECOND CLAIM: On (date of the incident) _____ ✓

defendant (give the name and (if relevant) position held of each defendant involved in this incident) _____

did the following to me (briefly state what each defendant named above did): _____ ✓

I WILL KEEP THIS SHORT AND BRIEF, LIVINGSTON COUNEY JAIL, DUE TO THEIR NEGLIGENCE, AFTER AN INJURY THAT HAPPEND ON 3-20-13, REFUSED TO TAKE ME TO THE HOSPITAL FOR 10 DAY'S, I AM SORRY I CAN NOT GET IN DETAILED INFORMATION BECAUSE THE VERY PEOPLE WHO HAVE TO MAKE ME COPIES ARE DEFENDANTS IN THESE CASES!! I WOULD LIKE TO SAY ON THE RECORD, I JOSEPH A. HARRIS HAVE CLOSE TO 300- DOCUMENTS AND RECORDS TO PROVE MY CASES!!

The federal basis for this claim is: _____ ✓

State briefly **exactly** what you want the Court to do for you. Make no legal arguments and cite no cases or statutes:

TO BRING JUSTICE TO LIVINGSTON COUNEY!

Joseph Harris

If you have additional claims, use the above format to set them out on additional sheets of paper.

6. SUMMARY OF RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

FOR LIVINGSTON COUNTY TO PAY FOR WHAT THEY DONE!! There is NO
AMOUNT OF MONEY THAT WILL DO IT!! SO I HAVE TO SAY WHAT SOUGHT OF
RELIEF I AM LOOKING FOR. WHAT THESE PEOPLE HAVE DONE IS CRIMINAL!

Do you want a jury trial? Yes ☒ No ☐

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5-8-14
(date)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

x JOSEPH A. HARRIS SS# 132-68-6923

x Joseph A. Harris D.O.B. 7-30-68

Signature(s) of Plaintiff(s)

PATRICIA D. AVERY
Notary Public - State of New York
Qualified in Livingston County
Reg. No. 01AV6125624
My Commission Expires April 18, 2017

Patricia D. Avery
Sworn to before me on this
9th day of May 2014.

I AM SORRY I HAVE MISPERLED LIVINGSTON COUNTY
ON ALMOST ALL THE DOCUMENTS, PLEASE SEND ME NEW ONES IF
THEY NEED TO BE DONE OVER. I AM SO SORRY FOR THE BAD
HANDWRITING + SPELLING. I WILL TO MY BEST IN FUTURE!

THANK YOU
GOD BLESS
YOU

Joseph Harrison

Failure by the writer to receive a written reply from you within the time frame indicated above, with your intention of resolving this matter, the writer will take any and all actions necessary for the commencement of legal proceedings in the courts of applicable jurisdiction and will be seeking costs against you in respect of same.

Yours very truly,

Joseph H. H. H.

PATRICIA D. AVERY
Notary Public - State of New York
Qualified in Livingston County
Reg. No. 01AV6125624
My Commission Expires April 18, 2017

Patricia D. Avery

*Sworn to before me on this
8th day of May, 2014.*

LETTER OF INTENT TO SUE

JOSEPH. A. HARRIS [NAME]

L.C.J. 4 COURT ST Geneseo, NY 14454 [ADDRESS]

(585) 243-7180 [TELEPHONE]

5-8-14 [DATE]

LIVINGSTON COUNTY [NAME]

6 - COURT STREET GOVERNMENT CENTER [ADDRESS]
GENESEO N.Y 14454

Dear MR. MORRIS : LIVINGSTON COUNTY ATTORNEY.
DAVID J. MORRIS, ESQ
6 - COURT STREET
GENESEO, N.Y 14454

Re: LIVINGSTON COUNTY [SUBJECT OF PROSPECTIVE LAWSUIT]

L.C MENTAL HEALTH Dept / LIVINGSTON COUNTY JAIL / LIVINGSTON COUNTY SHERIFF Dept.

This Letter of Intent shall serve as your formal notice of the writer's intent to commence

legal proceedings against you/your company in respect to the matter

pure Negligence Both Fiscal + Mental [DESCRIPTION OF CONFLICT].

SHERIFF FAILURE to EXECUTE DUTIES AS ELECTED SHERIFF. ETC.

In the event you wish to resolve and settle this matter prior to legal proceedings being commenced against you, please contact the writer at the above address in writing within

FIVE [AMOUNT IN WORDS] (5 [AMOUNT IN NUMERALS]) business days.